DOCUMENT RESUME

ED 232 770 PS 013 733

TITLE	Strategies for the Legal Implementation of the International Code of Marketing of Breast-Milk Substitutes: Report on a WHO Meeting (Copenhagen, Denmark, November 10-12, 1982).
INSTITUTION	World Health Organization, Copenhagen (Denmark). Regional Office for Europe.
REPORT NO	WHO-ICP/NUT-010-0819F
PUB DATE	83
NOTE	16p.; Print is small and may not reproduce well.
PUB TYPE	Viewpoints (120)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	*Compliance (Legal); *Consumer Protection; *Global Approach; Government Role; Institutional Role; Marketing; Program Implementation
IDENTIFIERS	*Breast Milk Substitutes; World Health Organization

ABSTRACT

For various reasons, several countries have had difficulty implementing the International Code of Marketing of Breast-milk Substitutes. To address those problems, a meeting was convened under the auspices of the World Health Organization. Specific purposes of the meeting were to inform member states about the Code and to develop national strategies for its legal implementation. Several topics were discussed at the meeting, including (1) marketing of breast-milk substitutes, (2) the development of legal support systems protecting pregnant women, (3) nutritional/medical aspects of breast-feeding, (4) initiatives taken by European countries to implement the Code by legislation, (5) constraints on implementation, (6) the role of intergovernmental organizations, (7) the role of industry, and (8) the role of consumers and other nongovernmental organizations. After lengthy discussion, participants in the meeting developed additional opinions and ideas concerning these and several related topics, such as the need for optimal education and information, national implementation strategies, quality and labeling standards, and fundamental human rights. These ideas are presented briefly at the conclusion of the report. A list of participants is appended. (RH)

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STRATEGIES FOR THE LEGAL IMPLEMENTATION OF THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES

Report on a WHO meeting

Copenhagen
10-12 November 1982

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1. Introduction

As part of a continuing effort to promote child health and nutrition, a joint WHO/UNICEF Meeting on Infant and Young Child Feeding was held in Geneva in October 1979. One product of the discussions was a recommendation, endorsed by the Thirty-third World Health Assembly in resolution WHA33.32, which called for "an international code of marketing of infant formula and other products used as breast-milk substitutes". The International Code of Marketing of Breast-milk substitutes was adopted by the World Health Assembly in May 1981.

Since the passage of the Code a number of countries have taken some steps to put it into effect but progress at national level has been slow. Some countries have indicated that they did not have sufficient resources to effectively analyse the Code and determine the most beneficial ways of implementing it. Other countries wished to exchange ideas about effective national strategies for implementation. Although implementation often involves legislation, very few countries have as yet employed lawyers in their decision-making. In order to meet some of these concerns a meeting was held in Copenhagen from 10 to 12 November 1982.

Dr Leo A. Kaprio, the Regional Director, opened the meeting and welcomed the participants. He thanked the Dutch government for their help in organizing the conference. Dr M. Wagner, Regional Officer for Maternal and Child Health and Ms G. Pinet, Regional Officer for Health Legislation, also welcomed the participants. Ms Pinet then gave an overview of the health legislation programme of the Regional Office. Professor H.D. Roscam-Abbing was elected Chairperson, and Ms B. Swartz Rapporteur.

2. Scope and purpose

The main purpose of the meeting was to enlighten Member States about the Code and to develop national strategies for its legal implementation.

Dr Kaprio emphasized that the Regional Office had a moral commitment to see the Code implemented and that it must be viewed as only one part of a broader WHO plan to promote the health and nutrition of infants and young children. Other themes discussed at the 1979 joint WHO/UNICEF meeting should also be addressed, including:

- encouragement and support of breast-feeding;
- promotion and support of appropriate and timely complementary feeding (weaning practices with the use of local food products);
- encouraging the education, training and dissemination of information as to the feeding of infants and young children;
- improving the health and social status of women feeding infants and young children;
- appropriate marketing and distribution of infant formula and weaning foods.

Finally, Dr Kaprio said that in the industrialized countries of Europe, the Code alone may not ensure that breast-feeding will be successfully promoted among working mothers. Other measures - legal, economic and social - may have to be introduced to encourage and support women who choose to breast-feed.

3. Marketing of breast-milk substitutes

So far, only limited research has been conducted on the relationship between advertising of breast-milk substitutes and sales, while much more has been completed on the relationship between cigarette advertising and sales. Cigarette manufacturers claim that they do not influence consumption, they merely influence which brand is bought; however, unlike tobacco and alcohol, breast-milk substitutes in themselves are a healthy product and it is only when they are misused that they may be dangerous.

Many manufacturers do not have much knowledge of what happens to their products or how they are used. Often they do not set their own standards. And even if multinational companies have defined standards, they frequently sell to countries having different values from the exporting country. The policy of these companies, when there is a conflict of values, tends to opt for the lowest common denominator. Thus, one long-term goal is to change the norms and values of the people running the companies.

Scant information is available as to whether sales of breast-milk substitutes continue to increase after the Code is introduced in a country. Comparative studies must be undertaken. There has been no agreement as to what constitutes a legitimate market for breast-milk substitutes in a country, or how large this market is. Neither is information available as to how large the "at

risk" sector is in any given country. In addition to studying violations of the Code, studies should also identify "at risk" groups in a society. Then, if we decide to develop legislation, we should consider what the aim of this legislation should be; for example, do we want to decrease the market by (say) 10% yearly?

In the discussion the participants agreed that further basic studies must be completed before effective marketing strategies can be determined.

4. Legal support systems

If women are to breast-feed successfully, the conditions in which they live and work need to be conducive to it and supportive of it. Maternity protection should not be viewed just as a female interest: it is the economic responsibility of society as a whole. The ILO and the European Community have maternity protection regulations but these are only related to the formal employment sector. Legislation on maternity leave, nursing breaks and cash benefits is only a precondition; there has to be an infrastructure that aims at reducing all the constraints and obstacles to breast-feeding. This includes changes in the attitudes of men, employers and trade unions, as well as political decisions on taxation, social security, pensions and child benefits.

In many countries, domestic, agricultural, family and part-time workers are afforded no maternity protection. The most common form of legal protection in most countries is that crèches must be provided for working mothers, but this, in itself, is not enough. Societies must also consider tax concessions for private child minding, job protection for part-time workers and much longer maternity leave with appropriate cash payments and other subsidies. International recommendations are not comprehensive enough; a radical reorganization of child care is required to give women the greatest leeway and a re-examination of the relationship between domestic and job responsibilities is necessary.

In the discussion on this issue, one of the participants proposed that maternity protection should not just be limited to covering occupation and employment. Other legislative measures should be:

- protect the pregnant woman, environmentally, in her workplace;
- provide nutritional counselling;
- provide lifestyle counselling.

It was also suggested that it was insufficient to grant a woman maternity leave without educating and preparing her, before and during pregnancy, in the care of her breasts and how to breast-feed.

Finally the question was raised as to how broader maternity protection might influence future implementation of the Code; i.e. should wider protection be anticipated in the future implementation of the Code?

5. Nutritional/medical aspects of breast-feeding

Slides were shown of the composition of breast-milk and how it varies among species. The few European studies seem to indicate that, even in the industrialized countries, breast-feeding affects the health of the child, there being an apparent difference in morbidity rates between breast-fed and bottle-fed babies. It was agreed that further studies were necessary in the industrialized world as to whether a statistically significant difference exists and, if so, how large it could be.

6. Initiatives taken by European countries to implement the Code by legislation

Brief reports were given on the implementation of the Code in each represented country. It was agreed that national needs would vary according to specific situations (economic, social, cultural, legal) and that different strategies were therefore needed for each country (e.g. legislation, regulation, voluntary agreement). Some European countries saw no need to draft legislation, preferring to work with industry on voluntary agreements. A multidisciplinary approach was needed in all countries and interministerial committees could be useful in this respect.

Concern that consumers had been rather neglected in the Code prompted suggestions for revision.

7. Constraints on implementation

Although it has been argued that implementation, particularly of Article 5.1 on advertising, may infringe the constitution of a country and therefore would be unlikely to pass the democratic legal process, it was agreed that some constitutional rights had priority over others. The Convention on Human Rights enshrines the concept that the right to health takes precedence over the right to freedom of expression, so that constitutional constraints to the implementation of the Code should not arise. Although legislation would probably be constitutional, several participants felt that it would be better in their countries to implement Article 5 voluntarily with industry. And even if countries did not prohibit advertising, they could restrict advertisements and ensure that warnings were included on the advertisements.

There is a lack of basic knowledge of the impact of marketing practices on breast-feeding patterns. Studies of the influence of advertising and marketing techniques on the consumer are required. Only when this has been done can appropriate measures be developed. Many participants believed that, in the developed countries of Europe, advertising did not have a marked effect on infant feeding practices, although it may have in the developing world. In Europe, other factors may be more influential. Positive measures to promote breast-feeding are needed, some of which might be supported by legislation. No one wanted to entirely ban advertisements for breast-milk substitutes, but it was agreed that governments could promote education on breast-feeding in advertisements. Governments could increase expenditure on health education programmes promoting breast-feeding in order to combat the negative effects of the costly marketing campaigns undertaken by industry. It was proposed that WHO and UNICEF jointly develop a new code to promote breast-feeding and not simply concentrate on a marketing code.

Health education on the advantages of breast-feeding for mother and child needs to be introduced at all levels of education: schools, colleges and health-care training institutions.

Legislation might be needed to implement some sections of the Code, such as labelling, but in much of Europe there appeared to be a political preference for voluntary self-regulation. Voluntary self-regulation had some advantages - flexibility, low cost and speed - but in order for such a system to have any "teeth", it needed to be backed up by legislative sanctions in case the voluntary mechanisms failed. (Comparisons were made with the failure of the self-regulatory system to eliminate unethical marketing practices in the tobacco and alcohol industries.) An evaluation was required in each country of the advantages of legislation and/or voluntary agreements for different sections of the Code. A flexible framework could be developed as a model which European countries might adapt to their particular legal systems. Such a framework might include model laws or codes to accommodate various provisions of the Code and supportive actions needed to ensure its effectiveness, such as maternity protection and directives to health care personnel on the encouragement and management of breast-feeding.

8. Role of intergovernmental organizations

European Parliament

The report of the European Parliament adopted on 15 October 1981 calls for the Commission of the European Communities to make proposals for a directive to enforce the Code, including provision for sanctions and annual reports on its application. The Parliament feels the Code must be implemented both in terms of activities in the European Community and in terms of manufacturers based within the Community, wherever they operate.

The Commission should also examine the extent to which the Code is compatible with existing European Community and national regulations, and to what extent these regulations may have to be amended to ensure compliance.

On 5 March 1982, another motion was tabled by a group of parliamentarians because the Commission did not offer a proposal for a directive. The Parliament is preparing a draft directive which aims to:

- underline the importance of implementation in Europe and in developing countries. (The adoption of the Code in Europe would set an example for developing countries);
- to call again on the Commission to respect its commitment and to use its legal instrument, a directive, to enforce the Code.

Commission of the European Communities (CEC)

The European Community and its member countries support the Code and several provisions have already been put into practice; further action will be considered in the future. A directive on the essential composition of infant formula and breast-milk substitutes, based on cow's milk, has been prepared for the Scientific Committee for Food and will be presented to the Council of Ministers, the European Parliament and the Committee for Economic and Social Affairs for scrutiny. Simultaneously, manufacturers of infant formula within the Community are preparing a voluntary code of practice for its marketing.

Several participants felt it was essential to regulate the marketing practices of companies that export to the third world. Policies need to be universal; there should be no double standards. Regulations governing manufacture, sale and marketing should be the same in the importing country as in the exporters' market. However, it was agreed that there are legal and political barriers. The European Commission believes that, instead of regulating exports at the point of origin, third world countries should demand a certificate to the effect that the imported product can be sold in the country of origin. The Dutch are at present developing regulations covering exported Dutch products. These would apply only where the importing country has no such regulations and they are meant to cover composition and labelling of products manufactured in the Netherlands; advertising would not be covered because the advertisements are displayed outside the Netherlands.

One participant suggested that the European Community could consider removal of subsidies to formula manufacturers who use them to export formula to the third world, but this is not being considered at present. Some participants felt that regulatory measures of exporting countries should be carefully dovetailed with mechanisms set up by importing countries and this might be the focus of a new initiative by the Regional Office.

Concern was expressed that consumer groups had not been included in the discussions between industry and CEC regarding the introduction of a voluntary code.

WHO should continue to arrange technical meetings in the European Region, involving lawyers, consumer groups, professional associations and industry, and provide for the exchange of information and reports on developments in Europe. International coordination might be strengthened through the Council of Europe.

9. Role of industry

In May 1982 Nestlé issued instructions to its employees as to how each section of the Code should be interpreted. Both WHO and UNICEF felt that the Nestlé instructions did not accurately represent the intent of many sections. These organizations responded in August 1982 with Joint Notes which were, in part, a response to the Nestlé instructions. In October 1982, Nestlé revised its instructions. WHO responded informally; UNICEF is waiting to see how the instructions are implemented in the field.

After the adoption of the Code in May 1981, CEC invited the Association of Dietetic Food Industries (IDACE), which includes manufacturers of foods for infants and young children, to present draft rules for implementation.

IDACE has presented a draft code of practice which was expected to be finalized by the end of 1982, subject to endorsement by CEC and to the approval of a monitoring system proposed by IDACE. This system envisages two control levels, one national and based on national legislation and customs, and one at Community level to cover intercountry litigation. Conflicts in the latter case will be dealt with by a monitoring subcommittee consisting of:

- one person appointed by CEC;
- one person appointed by the European Court of Justice;
- one paediatrician;
- two representatives from IDACE.

This Code deals exclusively with the marketing practices and responsibilities of manufacturers.

In the discussion concern was expressed that consumers were not represented in the monitoring system proposed by IDACE.

10. Role of consumers and other nongovernmental organizations (NGOs)

Consumers, women's groups and other NGOs can play an important role in ensuring the implementation of the Code at national level. By mobilizing the power of consumers, such organizations may strengthen a country's commitment to the Code. Consumer groups provide an essential counterbalance to industry. Because of the economic strength of industry it is often able to exert a strong influence on the marketing practices of a country. This financial power can make it difficult for governments to critically analyse marketing activities. NGOs do not operate under the same restrictions; they can offer useful assistance to governments in this area.

Although it is specified in resolution WHA33.32 that the Code be considered a minimum standard for a country, industry - if it agrees to it at all - may prefer to have the Code adopted as the maximum standard. It is up to consumers to lobby for higher standards.

There are a number of roles consumers can play.

- They can be given background information about the Code and can inform the public about the roles of multinational companies in the third world. They can themselves monitor non-compliance of industry.

- They can continue to impress upon governments the importance of and need for a Code in each country. Although many countries have decided at present not to implement the Code through legislation, consumers can continue to pressure governments to do so, especially if it is shown that industry is not voluntarily complying with a specific section.

- As interested parties, NGOs should insist on participation in any negotiations. Presently, many governments are drafting voluntary agreements with industry and excluding consumers and NGOs from the discussions. The deliberate exclusion of NGOs may lead to problems in the future, including an unwillingness on the part of these groups to abide by any agreements made in their absence.

- Governments should be persuaded to monitor activities of industry; this monitoring could be done jointly with consumers.

- NGOs can help persuade industry to treat all markets - domestic and foreign - equally. Boycotts and publicity can be persuasive tools to obtain compliance with consumer demands.

- NGOs might also offer their experience and knowledge to health workers to help them properly interpret and abide by the Code.

One participant suggested that industry in the European Region should be banned from providing any information under Section 4.3 of the Code, since the health authorities in Europe are capable of providing it. This situation may differ in the third world, where the advertising budgets of multinational companies may be greater than the entire budget of the local health department.

Several participants felt one of the most important roles of consumers and NGOs was to establish a network for gathering and disseminating information about the Code and its abuses. Several organizations are doing this at present: the International Organization of Consumers Unions, one third of whose membership is in the developing world, and the International Breast Feeding Action Network, which has a worldwide network of NGOs.

The Thirty-fourth World Health Assembly underlined the role of WHO in following up the Code and it was hoped that WHO would continue to systematize and analyse information gained. It was also hoped that WHO would continue to hold regular meetings with NGOs and to publish reports of the meetings. It was also felt important to establish further and closer links between Member States. A common approach between countries is necessary in order to achieve a common solution.

It was also pointed out that, for Article 11.4 of the Code to have any force, consumer groups and other NGOs should be party to any consultations that precede agreements. They may boycott any agreements reached without their participation. It is important that the role of NGOs, both in consultations and monitoring, be written in and that they get support, including financial support, from governments.

In the Netherlands NGOs play an important role in implementing the Code. They have very close contact with members of parliament, they inform the public and they review all drafts. Switzerland also has a very effective consumer organization. In Sweden, the Ministry of Health and Social

Affairs has informally decided that at least one consumer group should participate in all discussions. There are effective consumer groups with parliamentary connections so they cannot be ignored.

The United Kingdom has vigorous consumer associations, a national consumers' association with high-level government connections, and active pressure groups. However, so far it appears that no consumer group has been involved in negotiations on the Code.

In Belgium there has for many years been a consultative council representing industry, consumers, trade unions and experts. It gives advice on any matter of interest to consumers. Legislation covering foodstuffs, for example, provides for the basic participation of the consumer.

Some countries have no consumer protection unit. One participant proposed that WHO make a survey of countries having no consumer protection unit and help to launch one. WHO should give technical assistance to help develop these types of organization in the field.

Sanctions and procedures to be developed to combat lack of compliance were discussed. One suggestion was that an arbitration board be established. The composition of the board and acceptability of appelants would be left to each country's discretion. However, it was proposed that such a board be composed of representatives of industry, government and consumers, each having equal influence.

Several participants agreed that, in Europe, arbitration would be preferable to legislation since there might be procedural difficulties in bringing a case to court. Court cases are also often very costly and there would be a question as to who would finance the case.

One difficulty with sanctions is that many serious abuses of the Code do not occur in Europe but in the third world. The question was asked as to how consumer groups in Europe can deal with this. Several possibilities were explored. They might create councils which could monitor abuses in the third world or WHO could intervene, or NGOs could assist governments in an advisory capacity.

One participant suggested that, with the agreement of a government, the power of monitoring could be given to an international body with established expertise and independence. For example, the European Community could delegate inspectors with the power to establish compliance with a treaty obligation. WHO and UNICEF do not have such a mandate.

Most participants agreed that NGOs and others should play an active role in consultations, in information gathering and in implementation in each country.

11. Conclusion

The conference

- recognized the importance of developing national strategies for the legal implementation of the Code with a view to protecting the health of mothers, infants and children;

- was aware that national needs will vary according to specific national situations (economic, social, cultural and legal);

- emphasized that the International Code should be viewed in its entirety when national measures are developed to give effect to it, and that different strategies may be chosen in accordance with Article 11 of the Code in order to meet with the specific situation in each country (e.g. legislation, regulation and/or other suitable measures).

In addition to the above, and after lengthy discussions and a sharing of viewpoints, the following further opinions were expressed by participants. These ideas should not be read as indicating that a consensus was reached and it should also be noted that participants were meeting in their personal capacity, not as official representatives of their governments. In view of its terms of reference and considering the need to set priorities in developing national strategies, some of the participants called the attention of the Regional Office to the following, requesting that appropriate action be taken as an initial step in implementing the Code at a national level, it being understood that the opinions expressed covered only certain aspects and were not the only moves to be implemented.

Education and information

Only when educational and informational conditions are optimal, can the Code be effective.

Health Workers

Nutrition of infants and young children should be included in curricula. Depending on the specific situation, this should take the form of regulations or guidelines.

Schools

Secondary and high schools should include the subject in their curricula.

Pregnant women

Government health services should inform pregnant women on proper feeding methods. This should also apply not only to the medical profession, but to other health services.

Multidisciplinary and intersectoral approach

The subject necessitates an intersectoral approach. At national level this could be given form by the setting up of interministerial committees which should develop national policies and develop coordinated legislation, regulations and/or other measures required to implement the Code.

Local and/or regional multidisciplinary groups should be formed to aid in developing national strategies; such groups should include consumer representatives.

Research

Further research at the national and international levels is needed on specific subjects covered by the Code. This applies in particular to the relationship between infant nutrition and morbidity, the extent and impact of breast-milk substitute advertising in Europe, the full range of marketing methods, and the strategies behind promotion. Conditions of employment of pregnant women and the effect of employment on child feeding and facilities to enable pregnant women and mothers to continue work (cost-benefit analysis included), should be studied, as well as the actual use of maternity protection provisions, and suggestions for their improvement.

The WHO Regional Office for Europe might initiate such studies, possibly jointly with other United Nations agencies or other interested parties.

National strategies: domestic market

There are two ways to implement Article 5.1 of the Code: voluntary agreements or binding legal measures. If implementation is voluntary (e.g. voluntary code of conduct for industry) an evaluation of its implementation should take place at least once every two years. If this shows that the code of conduct is inadequate legislation should be considered. Whenever codes of conduct are developed they should be discussed not only between government and industry, but also with consumer representatives.

When implementing Article 5.1 some practical problems at national level might arise. Specific national conditions must be taken into consideration. This implies a certain flexibility at national level.

Article 5.1 may require the following strategies:

- banning advertising and promotion, either directly or indirectly, by legislation or regulation;
- banning advertising and promotion unless certain conditions are fulfilled (e.g. advertising and promotion restricted to health workers, such as through specialized magazines);
- banning advertising and promotion, except when government authorized.

Advertising and promotion of breast-milk substitutes is one of the most difficult subjects covered by the Code. The importance of regular discussion, exchange of information and evaluation initiated by the WHO Regional Office for Europe was emphasized, giving due regard to the results of research mentioned in Section 3.

It was suggested that, after an evaluation of the implementation of this specific Article in the various countries (as well as the results of the investigations proposed in Sections 1 and 3), specific guidelines be developed by the Regional Office.

It was emphasized that the Code does not allow for direct or indirect promotional action (e.g. free postal samples).

Whenever advertising is regulated on a voluntary basis, a "monitoring committee" should be set up to control implementation. Whatever form is chosen at national level, information on breast-milk substitutes should not contain "value judgements" - it should be objective and conform with ethical codes. This applies equally to information on breast-feeding.

Quality requirement

It is important that minimum quality and labelling standards are made mandatory in all Member States; the Regional Office could assist other regions in this respect. First, the European Community can make an important contribution in harmonizing legislation and quality requirements among member countries to conform with the standards of the Code. As to the quality of products from countries covered by the Regional Office and destined for third world countries, adequate measures should be taken to ensure that products are of the same quality as those marketed in the country of origin in compliance with the Code.

These measures might vary according to the specific situation in the country of origin. Two models can be used: national regulations might be drawn up; or the importing country could require a "certificate" guaranteeing that the product complies with the marketing rules in the exporting country.

Whatever method is chosen, to be effective it should correlate with the requirements of third world countries. The Regional Office should take the initiative in bringing exporting and importing countries together.

As the Code refers to the Codex Alimentarius in respect of quality, it is necessary to evaluate the requirements of the Codex at regular intervals and to adapt them whenever necessary.

Fundamental human rights

There was some concern that implementation of parts of the Code, particularly Article 5.1 on advertising, might represent an infringement of the constitution of a country - possible interference with the right to freedom of expression. The interrelationship of various constitutional rights was acknowledged, e.g. the right to health and the right to freedom of expression, but it was felt that some rights took precedence over others. Most agreed that the right to health took precedence over the right to freedom of expression and therefore that constitutional constraints to the implementation of the Code should not arise.

Role of consumers and other nongovernmental organizations

The role of consumers has been stressed in Section 10. In addition, it is suggested that consumer organizations and pressure groups be given the opportunity to play an active role.

Governments should take all appropriate measures to secure the role of consumer organizations, since they have a valuable contribution to make.

Supervision of implementation is an essential task of governments. Nongovernmental organizations should be asked to collaborate. National consumer organizations should, as far as possible, take part in arbitration if it is provided for in voluntary agreements.

General procedures

Attention was drawn to recommendation 10.8 adopted by the Informal Consultation with Lawyers on the Implementation of the International Code of Marketing of Breast-milk Substitutes, held in Geneva on 28-30 June 1982. That recommendation suggested that "Model legislation should be developed for possible use by groups of countries with similar legal systems and, for this purpose, consultations and workshops should be organized on a regional basis". In line with this it was suggested that the feasibility of developing a manual be considered by the Regional Office. This could include practical guidance on steps to be taken for implementation by legislation or other appropriate measures, such as voluntary agreements with industry. In view of the obvious need to avoid any suggestion that the Code was anything but global in its aims and objectives, such a manual should be designed for countries in all stages of socioeconomic development and having diverse political structures. Care would have to be taken to avoid any implication that such a manual's guidelines or suggestions were in any way binding norms.

Further development of national strategies

Further discussions on implementation of the Code are absolutely necessary.

A regular exchange of views on experiences and the "state of the art" at national level - including updated compendia on legislation - is important for attaining the goals of the Code.

Some participants felt that the Regional Office should organize seminars at regular intervals (perhaps once a year).

International cooperation and coordination

As more than one international organization is involved with this subject, coordination and avoidance of duplication is of primary importance. The existing mechanisms for realizing these objectives should be put into effect. It is at least necessary that all reciprocal information and other cooperation by all available means should be encouraged between the Regional Office and other European organizations such as the Commission of the European Communities and the Council of Europe.

Regional Director

It was suggested that the Regional Director might bring this report and current developments in the European Region to the attention of the next World Health Assembly.

Annex 1

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